



Using Solution Focused Brief Therapy in Educational Settings

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Overview

- Rationale for using Solution Focused Brief Therapy (SFBT)
- Evidence-Based Practice in SFBT
- The Essence of Solution Focused Therapy
- SFBT Techniques: Scaling Questions, the Miracle Question, Exceptions and Compliments, Coping Questions
- Case Studies – Skills Practice

Rationale for using SFBT

Evolution of Therapy

Unconscious processes

- Psychoanalysis
- Depth psychotherapy

Cognitions

- Rational Emotive Therapy
- Cognitive-Behavioural Therapy

Behaviour

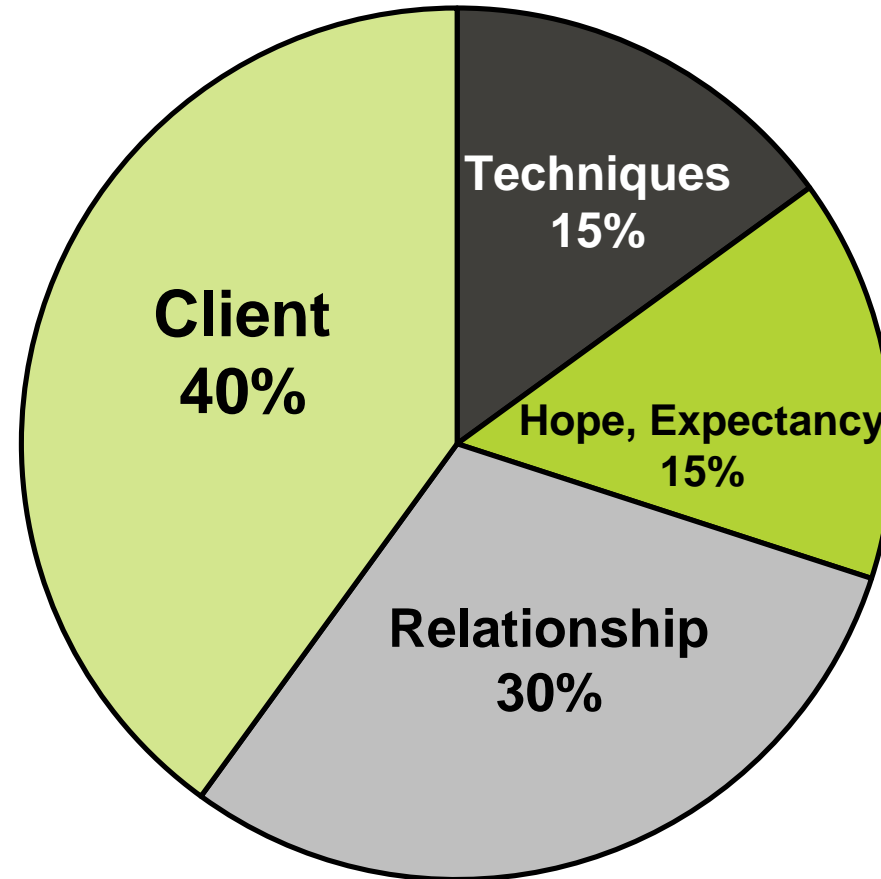
- Dialectical Behaviour Therapy
- Mindfulness Based Behaviour Therapy
- Solution Focused Brief Therapy

Rationale for using Solution Focused Brief Therapy (SFBT)

- It has pragmatic value – it offers prescriptive methods to interact with children over a limited period of time.
- It is focused on goals and empowerment of the child.
- Solution focused approaches can result in a change of a behavioural kind which is measurable and can be validated against other data.
- A focus on tools because of the strong emphasis on change, rather than for a search for the roots of the problems.



What makes Counselling Work?



Hubble, Duncan, Miller (2000)

What is the Difference?

Think of a problem...

- How long have you had the problem?
- How do you feel about the problem?
- How does it affect you and your life style?
- What do you believe is the cause/origin of the problem?
- How much does it bother you?
- What else is troubling you?



What is the Difference?

Using the same problem...

- What will it look like when the problem is solved?
- How will your life be different when the problem is solved?
- How will it make a difference to others you are close to when the problem is solved?
- Are there times the problem doesn't happen or isn't as bad?
- What is the first step toward a solution?



Evidence-Based Practice in SFBT

Effectiveness of Solution Focused Brief Therapy: A Systematic Qualitative Review of Controlled Outcome Studies

- Gingerich and Peterson (2013) reviewed the available controlled outcome studies of Solution Focused Brief Therapy (SFBT) to evaluate evidence of its effectiveness.
- Forty-three (43) studies were located and key data abstracted on problems, setting, SFBT intervention, design characteristics and outcomes.
- 74% of the studies reported significant positive benefits from SFBT.
- The studies reviewed provide strong evidence that SFBT is an effective treatment for a wide variety of behavioural and psychological outcomes and it may be briefer and less costly than alternative approaches.

The effectiveness of SFBT with children and families: A systematic and critical evaluation of the literature from 1990 - 2010

- Bond et. al. (2013) conducted a review of the SFBT evidence base and its application in clinical practice with children and families.
- Forty-four (44) database searches and consultation with experts in the field were used to identify reports of SFBT studies.
- The studies presented demonstrate generally positive results for SFBT with children and young people displaying internalising and externalising behaviour difficulties in both school settings and with their families.
- Some studies showed positive results for girls in particular.
- The majority of studies in both areas indicate that SFBT might be more effective as an early intervention; with areas of application including children with learning difficulties.

Effectiveness of Solution Focused Brief Therapy (SFBT) in a school setting

- Franklin, Moore and Hopson (2008) evaluated the effectiveness of using SFBT with children who have classroom related behaviour problems within a school setting.
- Five to seven sessions of SFBT were provided to sixty-seven (67) children identified by school faculty as needing assistance in addressing behavioural problems.
- The intervention included a combination of individual sessions of SFBT with students plus teacher training, consultation and collaborative meetings.
- Methods used included (at least) three main process sequences (the Miracle Question, scaling questions and providing client compliments).
- Findings of the study provide continued support that SFBT was effective in reducing classroom-related behavioural problems.

Use of Solution Focused Brief Therapy in bullying

- Kvarnme et. al. (2008) explored how using SFBT could benefit a student experiencing bullying.
- Bullying is a considerable problem in schools, because of its complex nature and serious consequences to the health of students who are victims.
- Victims of bullying often suffer from Anxiety, Depression and low self-esteem and it was found that children who experienced bullying had poorer social and emotional adjustment.
- An example of using a SFBT approach in schools is to create peer-support groups, which create optimism and hope that the situation is changeable.
- The support groups uses the role of friendship in promoting social and emotional competence in students. An aim of support groups was to develop empathy for the victim of bullying from his/her peers but not to discuss the bullying itself.
- There is evidence that using a SFBT peer-support group could help student with a variety of difficulties arising from bullying.

Solution Focused Brief Therapy:

Impacts on academic and emotional difficulties

- Daki and Savage (2010) investigated how using SFBT could address motivational, social and emotional concerns of students with reading difficulties in remedial reading programmes.
- The intervention group received five x forty (40) minute SFBT sessions whereas the control group received academic homework support. Results showed advantages for the intervention condition in twenty-six (26) out of thirty-eight (38) measures.
- Traditional SFBT techniques such as eliciting exceptions, asking the miracle question, using scaling questions to monitor goal progress and presenting students with manageable homework tasks served as useful tools that helped students discover effective reading strategies and experience success in reaching their goals.
- Participants endorsed the problem-free atmosphere of their sessions and discussed their strengths and academic successes.

The Essence of Solution Focused Therapy

The essence of SFBT

The essence of Solution Focused Brief Therapy is:

- To work with the child rather than the problem;
- To look for resources rather than deficits;
- To explore possible and preferred futures;
- To explore what is already contributing to those possible futures; and
- To treat children as the experts in all aspects of their lives.

Central Philosophy

- If it isn't broken, don't fix it!
- Once you know what works, do more of it.
- If it doesn't work, don't do it again, do something different.



Assumptions

- Children have resources and strengths to resolve complaints.
- Change is constant.
- The therapist's job is to identify and amplify change.
- It is unnecessary to know a great deal about the complaint to resolve it.
- A small change is all that is necessary.
- Children define the goal.
- Rapid change or resolution of problems is possible.
- Focus on what is possible and changeable, rather than what is impossible and intractable.



Exercise ~ Role Play

In pairs, role play the following situation:

Child: “I’m too embarrassed to tell you about my problem, but I need help now, because I can’t go on any longer like this.”

Therapist: “Suppose there was a solution.
What difference would that make for you?
How would you know?
How would that help you?”



SFBT Techniques

First Session ~ Conversation Outline

1. Social stage/Problem free talk
2. Preferred outcome/Hopes for the session
3. Goals/Miracle questions
4. Exceptions (part of the miracle)
5. Scaling Questions
6. Compliments/Coping Questions

Second & Subsequent Sessions

If improvement has been made

- What's been better since we last met?
- What did you do?
- How did you do it?
- What did others see you doing?
- What have you learnt about yourself?
- What would be the signs that you were doing more of the things that are good for you?

If things are the same

- How have you stopped things getting worse?

If things are worse

- Have you been coping with situation and how do you think you can get back on track again?

Connect with the Child

Problem Free Talk

This involves talking with the child about anything in their life apart from the problem, and can be introduced by saying:

“I’ve got a little bit of information about what brings you here, but I know almost nothing about you. I’d find it useful to hear a little bit about you before going back to what brings you here today. Would that be all right?”

This frame implicitly indicates that knowing about the problem tells the therapist ‘almost nothing’ about the child, thus separating child and problem.

Connect with the Child

Discovering areas of competence

If the problem is mainly related to one area of the child's life, then it maybe useful to talk with the child about another area of life, in which they feel more competent.

Life before the problem

Many children had lives before the problem too; talking about how life was before the problem can be validating for children by recognising that life has not always been the way it is now.

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- IMPORTANT LIKE LIVES BEYOND STUDENTS READING ENGLISH LA
- FRENCH POINT CHINESE ANOPIHOU VOCABULARY SHAPES VALISE RIGHT BELIEVE CULTURE THINK MELL EXPLORE THINGS EVERY KEEP LIFE ADDITIONAL GET REINFORCED OUTSIDE PRACTICAL FORN LAB WRITING GREAT CORRECT USE COMPLEX BELIEVER KNOW CONTEXT STUDENTS CONCEPTS WEARHEAD NEED LEARN DONE TERMS AROUND KNOW EDUCATION DIFFERENT TEACHING LAYERS HEAVENS LITERARY SKILLS GRADE CAREER ADD LANGUAGE JUST FOCUS

Miracle Question

A well-delivered miracle question has the following attributes:

- Introduction;
- Uses the child's name;
- That a miracle happens when they're asleep;
- That it resolves their current problems; and
- Asks for small signs that the problem has gone.

Miracle Question

Miracle Question - Helpful Characteristics

- Multiple and varied ways to ask the question.
- They describe the presence and not the absence of something.
- They are small and concrete.
- They are interactional and observable.
- They are, in part, defined as realistic and achievable.
- They require thought and effort.

Exceptions

- Exceptions are times when the problem is not happening or, better still, times when the problem might have happened but didn't; i.e. a boy who often truants who is asked to truant by his friend and he turns down his friend's request is a clear exception.
- Essentially, once the therapist has discovered any small exception, he or she then constructs a sequence with the child in which the exception is further illuminated from as many perspectives as possible.
- The purpose of this is to assist clients to learn that they do employ effective strategies at times, and that these strategies may be generalised to more and more contexts.

Exceptions

- Have there been any times when for some reason this problem has not been so bad/not occurred?
- Can you remember any times at all when you thought the problem would have occurred but it didn't?
- Have there been times when you feel like you stood up to this problem even a little?
- I'm curious, you said that except for Christmas, the problem has been with you all year.... what was different about Christmas?
- I'm wondering if there are times now where even a fraction of that happens already for some reason?
- What did you do to get that to happen/ How did you know how to do that? How do you make sense of that?



Exercise ~ Role Play

Using the problem discussed earlier today, in pairs practice the following:

- Asking the miracle question and parts of the miracle.
- If you wish, explore your partner's goal without using the miracle question.
- Look for and explore "exceptions".



Scaling Questions

Scaling questions are used to get children to place problems, priorities, successes and next steps on a numerical scale.

They:

- Have the assumption of change;
- Offer goal direction;
- Imply a degree of control on the part of the client;
- Enable objectifiable and quantifiable goals; and
- Offer a continuum rather than black and white terms.

Scaling questions may include but are not limited to:

- Situation Now + Next Step;
- Willingness + Next Step;
- Confidence + Next Step;
- Decision Making + Next Step; and
- Coping + Next Step.

1 _____ 10

Worst ever been

Way you would like it

Exercise ~ Scaling

You are working with a child who is experiencing social anxiety and would like to improve relationships with their peers.

In pairs:

- Compile a goal attainment scale, which helps the child to identify gradual steps in achieving this goal.

1 _____ **10**

Worst ever been **Way you would like it**

Compliments

- Compliments are powerful interventions. We use various types of direct, indirect and frame changing compliments.
- Compliments imply hope.
- Direct Compliments
 - Wow, I am amazed at how well you have done with this?
 - You talked so clearly and expressed yourself so well.
 - I am amazed at how confident you have become.



Exercise ~ Giving Compliments

In pairs, describe a compliment that you received at school that has stuck in your mind.

- Once described, your partner is required to ask “and what difference did that make to you?” for as many times as possible; until the impact has been unearthed.
- Swap roles so both parties can participate.



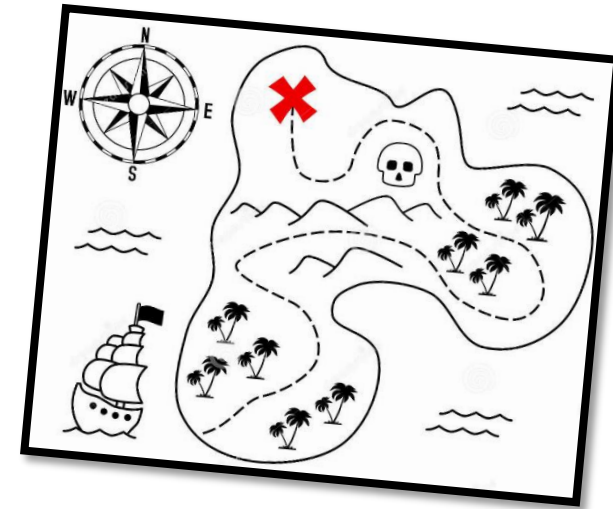
Coping Questions

Coping questions are designed to elicit information about a child's resources that may have gone unnoticed by them.

- How have you managed to carry on?
- How do you manage to cope?
- What have you done to keep the situation from getting worse?
- What do you say to yourself that makes you go on?
- What do you say to yourself that makes you go on?

Exercise ~ Solution Focused Island

**Helping a child move from a
Problem Island to a Solution
Focused Island**



The wise man is not the man who provides the right answers, but the one who asks the right questions.

Claude Levi-Strauss

Exercise ~ Formulating Questions

In groups, think of the children you currently support and formulate ten questions that are Solution Focused in their approach.

Suggested areas:

- Goal Formation
- Exceptions
- Children
- Competencies
- Trauma

Case Studies ~ Skills Practice

Case Study 1

Jake is a year 10 student at your school. His parents have sent him to see you due to his behavioural problems. They have told you that he is rude and defiant, and often refuses to go to school. According to his parents, Jake lies to them frequently about school commitments and completely neglects his school work.

Jake tells you openly that he doesn't want to be here. He advises you that he is happy with his own behaviour. He tells you that his parents are the only problem; they are too strict, and won't allow him the freedom he needs at this stage in his life.

During the session, Jake is slumped in his chair, seldom makes eye contact with you, and answers your questions as briefly as possible.

Case Study 2

Sarah is a 12 year old student at your school who has presented in a distressed state. She is visibly upset and says she would like to speak to you about being bullied by a close friend.

Sarah stated she was shocked because her friend spread nasty rumours about her that were not true. She could not believe someone who was her close friend would be so horrible to her. Sarah said she had been crying because she felt really hurt and confused and did not know what to do.

She says that she doesn't want to be friends with anyone at the school and wishes she could just sit in the library at lunch; not speaking to anyone.

Case Study 3

Aaron is a 14 year old student and new to your school. His Mother spoke with the school's Principal and both agreed it would be beneficial for Aaron to meet with you; before starting classes.

Aaron disclosed that he does not want to attend a new school as he knows that in some classes the teacher will instruct him to introduce himself. Just thinking about sitting there, waiting to introduce himself to a roomful of strangers who will be staring at him makes him feel nauseous.

He knows he won't be able to think clearly because his anxiety will be so high, and he is sure he will leave out important details. He is concerned his voice might even quiver and that he will sound scared and tentative.

Exercise ~ Inspiration

In pairs, think of someone in your life who has attributes you particularly admire or would like to emulate.

- Describe to your partner what these attributes are, including a memory or incident that epitomises these e.g. a colleague, supervisor, partner or parent.
- Is there any time in your own life where you feel you reflect some of these qualities or attributes, even in part? When are you more likely to do this? How do you make sense of this? What helps you to do this? What do you like about this? What difference does it make to you (or those around you)?
- On a scale of 1 - 10, how closely do you feel you reflect these qualities in your life?
- What would need to happen to rate yourself even one point higher?

Thank you for your participation